



# **Specialized Family Support Program (SFSP)**

## **Guide for Parents or Guardians**

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# Introduction

This guide gives information to families in the Specialized Family Support Program (SFSP). The SFSP Guide for Parents or Guardians (Guide) is resource for any parent or guardian who has a son or daughter in the SFSP. The Guide has information to help you understand:

- The goals of the program
- Who is eligible for the program
- The services available from the program
- What the process is like during the program
- The Parent or guardian requirements while your son or daughter is in the program.

The Specialized Family Support Program (SFSP) is a program created by the Illinois Departments of: Healthcare and Family Services (HFS), Children and Family Services (DCFS), Human Services (DHS), Juvenile Justice (DJJ), and Public Health (DPH), along with the Illinois State Board of Education (ISBE).

Healthcare and Family Services (HFS) leads the program. If you have any questions about the program or the Guide, you can call HFS at (217) 557-1000 or email HFS at [HFS.CBH@illinois.gov](mailto:HFS.CBH@illinois.gov).

## Specialized Family Support Program Goals

The goals of the program are to:

1. Prevent youth from entering the child welfare system (DCFS care) only to access behavioral health services.
2. Provide crisis stabilization services to youth at risk of custody relinquishment and their families.
3. Determine the most appropriate treatment services for youth in the program through a comprehensive and standardized assessment process.
4. Link eligible youth and families to the right intensity of services and level of care in a timely manner.

## About the Specialized Family Support Program (SFSP)

The SFSP is a 90-day intensive assessment and linkage program administered by HFS, in collaboration with DCFS and DHS, and supported by DJJ, DPH, and ISBE.

Your son or daughter has been referred to the program by DCFS, because he or she has been identified as a “Youth at Risk of Custody Relinquishment.” A Youth at Risk of Custody Relinquishment is a youth under the age of 18 who is ready to be discharged

from a psychiatric hospital, but whose parent(s) or guardian(s) refuses to take the youth home because of a belief that the youth will harm him or herself or another family member if they return home. This situation is often called a “psychiatric lockout.”

The SFSP offers families services and supports to prevent youth from going into the custody of DCFS. The program provides 90 days of crisis services, mental health services, support services, assessment services, and case management services to help identify the most clinically appropriate services for your son or daughter. The program also provides your family with a case manager (SFSP Coordinator) from your local crisis provider to help you with the program. At the end of the program, your SFSP Coordinator will develop an Assessment Report and send that report to the State Departments listed above. The SFSP Coordinator will then work with your family to help you access the recommended services with the help of the State Departments.

## **Section 1 – Program Eligibility and Referrals**

### **1.1 Eligibility Criteria**

A youth may be eligible for the SFSP if they meet all of the following criteria:

1. The youth’s parent or guardian is determined to be an Illinois resident.
2. The youth is under the age of 18 on the date of referral to the program.
3. The youth is not currently under the legal custody or guardianship of any unit of local, state, or federal government.
4. The youth is currently admitted to an inpatient psychiatric hospital setting and ready for discharge from the hospital, per the treating doctor.
5. The youth’s parents or guardians are refusing to take the youth home due to a reasonable belief that the youth will harm him or herself or another family member upon return home.
6. The youth has been reported to the DCFS Child Abuse Hotline as a Child at Risk of Custody Relinquishment.
7. The youth’s parents or guardians meet the SFSP Parent or Guardian Requirements for Participation found in Section 4 of this Guide.

### **1.2 Specialized Family Support Program Referrals**

A report to the DCFS Child Abuse Hotline is made when a youth is determined to be a “psychiatric lockout.” A DCFS Investigator or an individual from the local Comprehensive Community Based Youth Services (CCBYS) program may contact you after the report is made in order to gather more information on the situation, and to try and help resolve the psychiatric lockout. If the psychiatric lockout is not able to be resolved, and if DCFS determines that the youth is not otherwise abused or neglected, DCFS will make a referral to the Specialized Family Support Program.

### **1.3 Referral Process**

To refer a youth to the program, DCFS must call the Crisis and Referral Entry Service (CARES) line. CARES is the single point of entry for all referrals to the SFSP. CARES is available 24 hours a day, 7 days a week at: 800-345-9049, (TTY: 800-905-9645). CARES will only accept program referrals from a DCFS referral source.

## **Section 2 – Parent/Guardian Requirements for Participation**

Parent or guardian participation is required for your son or daughter to participate in the program. Each of the requirements is explained in this section. The parent or guardian must:

1. Accept and allow the SFSP Youth to remain in the home or be solely responsible for establishing a safe alternative residence upon enrollment into the program.
2. Consent to program participation and sign the SFSP Parent Agreement.
3. Engage in the FSP Youth's care throughout the course of treatment.
4. Be primarily responsible for financial obligations associated with participation in the program.
5. Assist in identifying and coordinating funding of services from all available sources, including insurance coverage.
6. Assist in the completion of all applications for public assistance programs, such as: Medical Assistance, supplemental security income (SSI), Social Security benefits (SSA); and, other state behavioral health programs as needed.
7. Complete and submit such forms and documents as may be required by the Department or the SFSP.
8. Assist in the collection of medical, educational, and other records and completion of all applications for treatment programs, as appropriate.
9. Initiate and coordinate all necessary educational processes with the home educational district to meet educational and treatment needs.
10. The parent or guardian's acknowledgement and understanding, demonstrated through the completion of the SFSP Parent Agreement, that failure to comply with the Parent or Guardian Requirements at any time during participation in the SFSP may result in program discharge and referral to the DCFS Child Abuse Hotline notifying DCFS of the SFSP program discharge.

### **2.1 Acceptance of Youth Home**

The parent(s) or guardian(s) of the youth must be willing to accept their son or daughter home from the hospital. This requirement may include the parent or guardian's

establishment of a safe alternative living arrangement following discharge from the hospital. The SFSP Coordinator will help you create a discharge plan and a safety plan for your son or daughter, but you must accept the youth home to participate in the program.

## **2.2 Consent to Program Participation**

Parent or guardian consent must be given in order for your son or daughter to participate in the program. Consent for participation is given when you sign the SFSP Parent Agreement and the Multi-Agency Consents forms. These forms are explained in Section 3.

## **2.3 Engagement in the Youth's Treatment**

The parent(s) or guardian(s) must stay actively involved in their son or daughter's treatment. Active involvement means:

- Working with treatment providers
- Helping to coordinate insurance coverage for services
- Completing all needed documents
- Helping to coordinate treatment schedules and transportation, as needed

## **2.4 Financial Obligations**

The program tries to make several services and supports available to help families but there may be some costs not covered by the program. Parent(s) or guardian(s) may be financially responsible for some costs for their son or daughter's participation in the program. Your SFSP Coordinator can explain what services are covered and when there might be out-of-pocket costs to the family.

## **2.5 Coordinate Funding of Services and Insurance Benefits**

The parent(s) or guardian(s) are responsible for making sure all providers are aware of all relevant insurance benefits and program coverages. The SFSP provider may ask to verify insurance coverage, but other providers will also need to understand if you have additional insurance or participate in other state-funded programs.

## **2.6 Assist in Applying for Public Assistance Programs**

Parent(s) or guardian(s) must work with their SFSP Coordinator to complete and submit applications for public assistance programs and other behavioral health programs. This requirement may include applying: to Illinois Medicaid or All Kids; for supplemental security income (SSI) or social security benefits (SSA); and/or, state-funded behavioral health programs to support your son or daughter. Your SFSP Coordinator can help identify which public assistance programs you may need to apply for and how to apply for public programs.

## **2.7 Completion and Submission of Paperwork**

Parent(s) or guardian(s) must complete, or assist in completing, program paperwork. These documents will include the SFSP Parent Agreement and Multi-Agency Consents but may also include other treatment documents needed by providers or programs to start services.

## **2.8 Gathering of Other Records**

Parent(s) or guardian(s) must help their SFSP Coordinator gather all of the medical and other documents needed to apply for behavioral health treatment programs. Some examples of the types of documents you may need are:

- Your son or daughter's Individual Education Plan (IEP) or 504 Plan, if they have one, from their school district.
- Your son or daughter's most recent physical examination and/or vaccination records.
- Past mental health treatment records, assessments and evaluations for your son or daughter.
- Hospital discharge summaries from past psychiatric hospital treatment for your son or daughter.

## **2.9 Initiate and Coordinate all Necessary Educational Processes**

Parent(s) or guardian(s) must coordinate or start the process for their son or daughter to access educational funds in concert with the youth's treatment. The SFSP Coordinator may provide assistance in the process, but the parent/guardian is solely responsible for the process and outcome.

## **2.10 Failure to Comply or Decision to Not Participate**

SFSP is a voluntary program. You do not have to sign any program document, allow the program to work with your family, or take any program services. However, if you choose not to participate in the program, including meeting the parent participation requirements outlined in this Section, your SASS provider is contractually required to refer your son or daughter's case back to the DCFS Hotline and notify DCFS of the failed SFSP referral.

You Have the Right...

You have the right to:

- Not accept your son or daughter home;
- Refuse service delivery;
- Not sign the SFSP Parent Agreement or the Multi-Agency Consent; and
- Stop participating in your son or daughter's treatment.

Your SFSP Coordinator will talk with you more about this requirement upon intake and prior to making any referrals to the DCFS Hotline.

## **2.11 Communication with the SFSP Coordinator**

Your SFSP Coordinator is required to talk with you often, at least once a week, while your son or daughter is in the program. Parent(s) or guardian(s) must tell their SFSP Coordinator about any changes in family circumstances that may impact the ability to participate in the program (such as: home address, phone number, custody or guardianship status).

## Section 3 – What to Expect from the SFSP

### 3.1 SFSP Intake Process

Once CARES confirms that the youth being referred by DCFS qualifies for the program, the youth will be given 90 days of program eligibility. CARES will then refer the call to a local crisis worker at a Screening, Assessment, and Support Services (SASS) agency to begin the SFSP Intake Process. The list below includes some of the steps that occur during the SFSP Intake Process:

- **SASS Non-Emergency Assessment.** A SASS crisis worker is required, with your consent, to assess your son or daughter's status within 24 hours of being called by CARES – regardless of prior SASS eligibility. The assessment will give the provider a starting point for understanding where your son or daughter is at and help them understand what you are feeling as well in the situation.

You Have the Right...

This process is different than a normal SASS assessment - you must consent to services before any services can be provided. You have the right to refuse to consent. You also have the right to be present for the assessment.

- **Completion of the SFSP Parent Agreement.** The SFSP Parent Agreement is a document your local SASS agency will go over with you and answer any questions you may have about the program. The program will require that you sign this document within 3 days of your son or daughter's participation in the program. The SFSP Parent Agreement explains your responsibility during your son or daughter's participation in the program.

It is important that you understand the Parent Agreement before you sign the document.

You Have the Right...

You have the right to ask your SASS worker or SFSP Coordinator questions about the SFSP Parent Agreement. You have the right to not sign the SFSP Parent Agreement.

- **Completion of the Multi-Agency Consents to Disclose Confidential Information.** The Multi-Agency Consents to Disclose Confidential Information (Multi-Agency Consents) is a document your SASS agency will go over with you and answer any questions you may have about it. The program will require you sign this document within 3 days of your son or daughter's participation in the program. The Multi-Agency Consents allows the State to freely review program materials (clinical information) about your son or daughter, in order to help link your son or daughter to the most appropriate clinical services.

You Have the Right...

You have the right to ask your SASS worker or SFSP Coordinator questions about the Multi-Agency Consent. You have the right to not sign the Multi-Agency Consent.



### 3.2 The Role of the SFSP Coordinator

Your SFSP Coordinator works at the local SASS agency and will help your family through the SFSP process. Your SFSP Coordinator will work closely with SASS crisis workers during the SFSP Intake Process and may work with other providers of crisis services (CCBYS/IPS). You can contact your SFSP Coordinator for help with the program or if you need more or fewer services for your son or daughter.

During your time in the program, your SFSP Coordinator will:

- **Assist with Hospital Discharge Planning.** Your SFSP Coordinator will work with your family, the hospital, and any other important people that you identify to help your son or daughter leave the hospital safely and return to your home. If your son or daughter is not returning to your home, the SFSP Coordinator will work with you to help transition your son or daughter to a living situation you set up (for example: a relative's home). The Hospital Discharge Plan might include:
  - When the transition will happen;
  - What services and supports will be put in place to help;
  - How will your son or daughter access services;
  - When and how follow-up appointments or phone calls will take place; and,
  - Who to call if you have questions or need help.
- **Create and Review a Crisis Safety Plan.** Your SFSP Coordinator will help your family create a Crisis Safety Plan. The Crisis Safety Plan is a written document used to help prevent behavioral health crisis and help families react to behavioral health crisis better. You will be given a copy of your family's Crisis Safety Plan – if it doesn't work, tell the SFSP Coordinator and they will help you update it.
- **Complete a Mental Health Assessment and Treatment Plan.** Your SFSP Coordinator will work with you to get the needed assessment and treatment plan completed within 5 days of their enrollment in the program. These documents will help the SFSP Coordinator understand your child's needs, identify services that help your family immediately, and start to plan for longer-term linkage to services for your son or daughter.
- **Coordinate Services.** Your SFSP Coordinator will help coordinate services available to your child while they are enrolled in the program.
- **Complete the SFSP Assessment Report.** The SFSP Assessment Report is a written document your SFSP Coordinator will complete and submit to the State's Interagency Clinical Team (ICT). The Assessment Report provides the ICT with the information they need to help link your son or daughter to clinically appropriate services. The SFSP Coordinator is required to submit the SFSP Assessment Report to the ICT within 75 days of your son or daughter starting the program.

- **Assist with Linkage to Ongoing Services.** Your SFSP Coordinator will help your family for the transition to ongoing treatment services following the end of the program.

Your SFSP Coordinator will call you often. It is important that you tell your SFSP Coordinator of any changes to your contact information, such as address or phone number.

## **Section 4 – Services Available through SFSP**

### **4.1 Crisis Intervention and Stabilization Services**

Youth in the program can access crisis services from their local SASS agency. Your family may also access crisis stabilization services from a provider of Comprehensive Community Based Youth Services (CCBYS) or Intensive Placement Stabilization Services (IPS). CCBYS/IPS are statewide crisis programs that work to help families stay together by providing supportive services during times of family crisis. CCBYS may be available to work with youth between the ages of 11 and 17, and IPS may be available to work with youth under the age of 11. Your SFSP Coordinator can help identify if a CCBYS/IPS provider is available to work with your family.

#### **4.1.1 What should I do if my child experiences a mental health crisis?**

If your son or daughter begins to act in a way that feels unsafe, you can call the CARES line to request a crisis referral. The CARES line is available 24 hours a day every day of the week and year. CARES is always available to help access crisis services for your son or daughter. If you are unsure when to call CARES, look at your Crisis Safety Plan for help.

#### **If you feel your son or daughter is in immediate danger, call 9-1-1**

When you call the CARES Line during your son or daughter's enrollment in the program, CARES will send a mental health professional to their location for a crisis screening within approximately 2 hours of the call to CARES. If your son or daughter experiences a mental health crisis and receives a SASS crisis screen, please be sure to work with the crisis worker to review your Crisis Safety Plan.

### **4.2 Community Mental Health Services**

The program offers access to the following mental health services, when it is determined that the services are medically necessary to stabilize or treat your son or daughter:

- Individual therapy or counseling
- Family therapy or counseling
- Group therapy or counseling
- Community support services;
- Medication management or monitoring
- Intensive outpatient

### **4.3 Therapeutic Support Services**

Therapeutic Support Services are clinical interventions aimed to help a youth and their family succeed in treatment. Therapeutic Support Services support the treatment goals and help promote safety and stabilization of the youth in the community. Youth in the program may access up to \$3,000 in Therapeutic Support Services. All Therapeutic Support Services require a prior authorization from HFS and must be delivered consistent with Department policy for this service type. Common examples of approved Therapeutic Support Services are:

- Specialized assessments and evaluations
- Additional crisis support services
- Animal-assisted therapies
- Peer support
- Parent training or psychoeducation classes

### **4.4 Family Support Services**

Family Support Services are non-therapeutic supports that promote the youth's stabilization in the community. Family Support Services support the treatment goals and help promote safety and stabilization of the youth in the community. Youth in the program may access up to \$1,500 in Family Support Services. All Family Support Services require a prior authorization from HFS and must be delivered consistent with the Department policy for this service type. Common examples of approved Family Support Services are:

- Respite
- Recreational activities that promote health or wellness
- After school programs

## **Section 5 – The Role of the Interagency Clinical Team (ICT)**

### **5.1 Interagency Clinical Team (ICT)**

The ICT is the state management team responsible for overseeing the program. The ICT includes staff from HFS, DCFS, and DHS. The ICT is also supported by DJJ, DPH, and ISBE.

### **5.2 Role of the ICT**

The ICT helps SFSP Coordinators link youth to clinically appropriate treatment following the assessment process and development of treatment recommendations in the SFSP Assessment Report. The ICT is responsible for:

- Reviewing completed SFSP Assessment Reports
- Helping youth in the program access ongoing treatment as they transition out of the program
- Provide help and consultation to SFSP Coordinators on individual youth cases.

## Section 6 – Grievances, Appeals, and Fair Hearings

### 6.1 Problems or Complaints about my SASS Agency

If you have a concern about the care you are receiving from your SASS agency, talk to your SFSP Coordinator or another staff member from the SASS agency. You can ask to talk to a supervisor or manager about your concerns.

If you aren't able to work things out with your SASS agency, you can call HFS at (217) 557-1000 or email HFS at [HFS.CBH@illinois.gov](mailto:HFS.CBH@illinois.gov).

### 6.2 Complaints about the SFSP

If you have a complaint about the program, you can call HFS at (217) 557-1000 or email HFS at [HFS.CBH@illinois.gov](mailto:HFS.CBH@illinois.gov).

### 6.3 Grievances

If you think staff from HFS or one of the other state agencies responsible for administering the program did not treat you well, you can file a grievance. A grievance is a complaint that is in writing. The steps below explain how to file a grievance to HFS:

1. Write a letter about your complaint. Provide as much information as you can in your letter. For example, include the date and place the problem or incident happened, the names of any people involved, and details about what happened. Be sure to include your name, your son or daughter's name and Recipient Identification Number (RIN), and how to contact you if someone needs to follow-up on your letter.
2. Mail the complaint letter **within 60 days** of the day you think you were treated unfairly. Mail it to the following address:

Illinois Department of Healthcare and Family Services  
Bureau of Behavioral Health  
201 South Grand Avenue East  
Springfield, IL 62704

Someone from HFS will review your grievance and follow-up with you within 30 days of when your letter is received.

### 6.4 Appeals and Fair Hearings

You may not agree with a decision or an action made by HFS or the Interagency Clinical Team (ICT). An appeal is a complaint you make when you feel an action or decision was wrong. When you appeal an action, you are asking for a fair hearing about it. A fair hearing is a meeting with a fair hearing officer, someone from HFS, and you. You can talk about your complaint during the fair hearing, and the fair hearing officer will decide what to do. You can also appeal if you think HFS, or the ICT, made a mistake about any decision. You must make your appeal **within 60 days** of when the action happened that you think was wrong. You may not get a fair hearing if the action happened because of a change in the law.

You can make an appeal and request a fair hearing over the telephone or by writing a letter. If you choose to make your appeal in writing, you should take your letter to your local Department of Human of Services office or mail the letter to:

Illinois Department of Healthcare and Family Services  
Bureau of Administrative Hearings  
401 South Clinton, 6th Floor  
Chicago, IL 60607

You may also fax the letter to: 312-793-0095. If you would like to make your appeal over the telephone, call the Department of Human Services at 800-435-0774 (TTY: 877-734-7429). The call is free.

When you make your appeal, tell HFS what action or decision you disagree with and want them to review. Be sure to include your name, child's name and Recipient Identification Number (RIN), and how to contact you for follow-up.

## SFSP Resources Page

Emergency: 9-1-1

CARES Line: 1-800-345-9049

	Name	Phone Number
SFP Coordinator		
SASS Worker		
CCBYS/IPS Worker		